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TO:	FROM:
Commissioner for Patents, Mail Stop:	Peter P. Tong Ph: 650-903-9200 Fax: 650-903-9800
COMPANY:	DATE:
United States Patent Office	OCTOBER 8, 2009
FAX NUMBER:	NO. OF PAGES (INCLUDING COVER):
571-273-8300	21
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
	IPVBP004
RE:	RECIPIENT'S REFERENCE NUMBER:
	10/826,537

NOTES/COMMENTS:

Transmitted herewith are the following documents for entry into the above-noted file:

Supplemental Amendment Transmittal	1 page
Supplemental Amendment and Interview Summary	9 pages
Credit Card Payment Form	1 page
Information Disclosure Statement	2 pages
Form 1449	1 page
One cited reference	6 pages

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL NAMED ABOVE AND OTHERS WHO HAVE BEEN SPECIFICALLY AUTHORIZED TO RECEIVE SUCH. IF THE RECIPIENT IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, OR IF ANY PROBLEMS OCCUR WITH TRANSMISSION, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AT (650)903-9200. THANK YOU.

OCT 08 2009

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: CHEUNG et al.

Attorney Docket No.: IPVBP004

Application No.: 10/826,537

Examiner: BLAIR, KILE O.

Filed: April 15, 2004

Group: 2614

**Title: METHOD AND APPARATUS FOR
LOCALIZED DELIVERY OF AUDIO SOUND
FOR ENHANCED PRIVACY**

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted by facsimile to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 8, 2009.

Signed: Patricia Tate Printed Name: Patricia Tate

SUPPLEMENTAL AMENDMENT TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	26	MINUS	23	03	x 26 = \$78.00	x 52 =
Independent Claims	3	MINUS	3	00	x 110 =	x 220 =
Multiple Dependent Claim Present and Fee Not Previously Paid					\$	\$
				Total	\$78.00	\$

- Applicant(s) hereby petition for a _____ - month extension(s) of time to respond to the aforementioned Office Action.
- Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-3874 (Order No. IPVBP004).
- Enclosed is a Credit Card Payment Form for the amount of \$78.00 to cover the additional claim fee.
- Please charge any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 50-3874 (Order No. IPVBP004).

Respectfully submitted,


 Peter P. Tong
 Reg. No. 35,757